MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CESTIFICATE OF DEATH

BUREAU V. S.

9951 6 7nr

BECEINED

death.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICAVE OF DEATH

BUREAU V. E.

9961 AS NO.

DECENTED

1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9 % E			6567 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16552
please ex 4 should b crematian		1,	PLACE OF DEATH a. COUNTY A BOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE MARYLAND b. COUNTY A BOT BAROLINE
) is de 2	160		b. CITY OR TOWN (If outside corporate limits, write BURAL ond give nearest town) ond give nearest town)
30	4	4	FASTON LOMINS LICLASBORO
dire dire		8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) LASTUN MEMCEIAL HOSP. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \)
noeral your f		3.	NAME OF DECEASED DECEASED (Type or print) Lost A DATE OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH
the fu		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
viff viff		30	O. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
J 2 v		1	during most of working life, even if retired)
2, o		13	I. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
2 2 2 2	1		Withhiam Quinter Sallie E. Davis
ive Pages Poge 5	1	0 15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Solve Uniterestrated in no, or unknown) [1] yet, give wer or defee of services 16. SOCIAL SECURITY NO. 17. INFORMANT Solve Security No. 18. INFORMANT Solve Security No. 18. INFORMANT Solve Security No. 19. INFORMANT So
P.M.3.			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
e d i			PART I, DEATH WAS CAUSED BY, GOTDIALY OCCUSION - Unit, also but
in Iter vith fa fransit			Conditions, if ony, which to
a de			gove rise to immediate couse
a pe			(c), sloting the underlying couse lost.
ding" in	2	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
d 'pen dminer'		CERTIF	20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
the war lical Ex		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Slote) Hour o. m. 19 of work of work of work
Med			21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that
D. Hief			death resulted from: Natural causes 🔀 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined cause 🔲.
Secto.	-	5	ACTUAL SIGNATURE LINE MEDICAL EXAMINER DATE SIGNED
ute the certi arwarded FUNERAL	0	~	EXAMINER'S Louis SWEITY DEPUTY MEDICAL EXAMINER (S) NAME (Type) ASSISTANT MEDICAL EXAMINER (S) DEPUTY MEDICAL EXAMINER (S)
cute I farwo		22	9 BURIAL, CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)
	Hs.	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D'BY REGISTRAP'S SIGNATURE
/S. A15ME(5) 5M 9/55	Kal	(J. E. Boulais dreensboro, Wed DATE /2456 N. A. Tleves

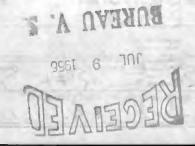
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BUREAU V. E.

9561 47 N

OB ALBO SA

1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			6568 CERTIFICATE OF DEATH (16553) Reg. Dist. No. 2 90
uneral director, rage		1. (ALACE OF DEATH COUNTY Talbat MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Talbat MARYLAND
funerol M)40		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) 19 km - 45 mm CovdovA.
in by and 2 sho	80		d. NAME OF HOSPITAL (If not in hospital, give atreet address) OR-INSTITUTION OR A FARM? YES NO
ely filled in Pages 1 ar			NAME OF DECEASED First Middle Dobson 4. DATE Month Day Year DECEASED TO REACCE WILLIAMS DOBSON 5. DATE OF RIGHT DEATH G 26 19 56
- Se		5. 3	Female Black WIDOWED DIVORCED 7eb 19, 1903 Start birthdoy) Months Days Hours Min.
9 2 9	/		House (work to Don Estic. Maryland, 4.5 A.
a fa Gan			John Emory Liszie Dobson
	0	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Address (17 yes, give wor or dotes of service) (16. SOCIAL SECURITY NO. 17. INFORMANT OF CONTROL OF SECURITY NO. 17. INFO
atten n ple	-		18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). INTERVAL BETWEEN ONSET AND DEATH
1:6			Conditions, if any, which to Ruptered dissecting an evertisting
requires ian. ia signed nsit permi		7	coese (a), stating the under (c)
physic has bee rial-tra	2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
rending ficate the bu		-5	20s. ACCIDENT WAS UNDERLYING (20s. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 4 or Port II of item 18.) OR CONTRIBUTING (AUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)
al ar at this cert r use as		MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar lawn) (County) (State) Hour a, m. 19 While Not while at work of wor
hospit After hed for rial, cr			21. I certify that I attended the deceased from
d by the	-,		ACTUAL SIGNATURE M.D. 219 5 Washington St. 30 June 193
retaine RAL D shauld strar pr	/		PHYSICIAN'S E.C.H. Schmidt Feston, Marykind
may be of FUNE		4	REMOVAS (Specify) 2/30/56 MOLLE CREMETERS OF
VS A15 (4) 15M 9/55	90	23.	funeral director & signature appress appress appress and the first are appreciately



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	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Resident	ence before admission)
>	TO DO MARYL	1.0	10 lune
40	b. CITY OR TOWN (If ownide corporate limits, write RURAL end give nected forws) E 95100	c. CITY OR TOWN (If outside corporate limits, write RURAL en	give nearest tawn)
1)0-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e, 15 RESIDENCE ON A FARM?
100	Memorial Hospital		YES NO
	3. NAME OF First Middle DECEASED (Type or print) BC 1 COSP of Transport	Lost 4. DATE Month OF DEATH PLUCE	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	Sept. 23 1921 34 m.	Days Hours Min.
1	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	NDUSTRY 11: BIRTHPLACE (Signe or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	124
	Wim Henry Doron	Isdna Mae wooters	3
0	15. WAS DECEASED EVER IN U. B. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. MERCHANT M. DID Address	wile !
	18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).]	The state of the s	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ### ### ### ### ####################	ured Afrill	2 tra
- 1	Conditions, if ony, which) (b) Criteria	al andiesis	
	gove rise to Immediate couse (a), stating the underlying DUE TO	a frequence	
	couse last. (c) Common of	le assellent	
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO. CAUSE OF DEATH.	EQ (Enter nature of injury in Part I ar Part II of item 18.)	
05	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e White Not while of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (Controlly, street affice bldg., etc.)	uniy) (State)
00		Highway " ash Venton (arolus Ma
	21. 1 certify that I tack charge of the remains described death resulted from: Natural causes . Accident .	Suicide , Hamicide , Undetermined cause	y 🔼, and find that
	1	osiciae E., Hamiciae E., Osideles milied cause E.	· Immendation
2	SIGNATURE HAWSON OI TRONGS	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
-	EXAMINER'S DAIGES ON O GOODS	ASSISTANT MEDICAL EXAMINER (6/2/58
	20. BURIAL CREMATION. 220 DATE THEREOF 22c. NAME OF CEMETER		(Stole)
	13 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S STO	NATURE
1.			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



L V UABRUB

6570 MEDICAL EXAMINER'S CERTIFICATE OF	DEATH (16555
	Reg. Dist. No. 290
o. COUNTY TO DOT MARYLAND 6. STATE MO	b. COUNTY COUNTY COUNTY
b. CITY OR TOWN (I outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL land) - 45 MIN Den GO	parate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MEMORIAL TO THE PROPERTY OF T	e. IS RESIDENCE ON A FARM? YES NO I
3. NAME OF DECEASED (Type or peint) William Jenry Doran Death	June 1 1956
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED MORCH 25 1886	9. AGY (In years IF UNDER 1YEAR IF UNDER 24 HRS los (Virinday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign of during most of working life, even if retired) Delaware	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Dover	3500
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (1997 no., or unknown) (If year, grow wool or doles of services)	ren . Declara
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH 21/2 Tan
Conditions, if ony, which gove rise to immediate cause (b) Internal fryunes	21/2/2-
(c), storing the underlying DUE TO Course lost. (c) Cultomabele acardinet	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO.
20a. EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING ID CAUSE OF BEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II CAUSE OF BEATH.	of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City Hour, D. m. 1956 of work of work A fractions, street, office bldg., etc.)	11.7 16 1 7
	nspection X, Inquiry X, and find that
death resulted from: Natural causes [, Accident [], Suicide [], Homicide [], Ui	ndetermined couse
EXAMINER'S DA M/50 DO BLOSE DEPUTY MEDICAL EXAMINER (Typo) DA M/50 DO BLOSE	
220 STURIAL CREMATION, 22th DATE THEREOF 22c. NAME OF DEMETERY OR CREMATORY 22d. LOCA	MON (City, town, or county) (State)
S. ATSME(S) SM 9/SS Y 1/2 DATE 240. REC'D BY REGIST SM 9/SS Y 1/2 DATE 240. REC'D BY REGIST DATE	PAR 24b. REGISTRAR'S HENATURE HOLLES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	•	10.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16556 Reg. Dist. No. 2 90
of short	-	1.	PLACE OF DEATH D. COUNTY Talbot MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 0. STATE M. 4 land b. COUNTY 7 lbot
Page burtat	**		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Laston Laston C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Laston Rural
dire iles	2	4	A. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Faston Momorial Hospital d. Street ADDRESS e. IS RESIDENCE ON A FARM? YES [] NO []
funeral r your f		5.	NAME OF DECEMBER Middle Lost 4. DATE Month Day Year DECEMBER Month Mon
to the gined for the the			Tenals (a/ WIDOWED DIVORCED Ca 2 + 21, 1, 5 tour bethody) yes. Mapths Days Hours Min.
2, and 3 r be reh	/		. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. MOTHER'S MAIDEN NAME
ages 1, 3e 5 may poges 1			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT Address
Give P. Give P. Tile	~	[Yo	18. CAUSE OF DEATH [Enter only one cause perfine for (o), (b), and (c).]
fem 18. G farm PM3. sit permit.	(I)		PART I. DEATH WAS CAUSED BY J VACTUVES SKULL - Chest in jury ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
ncil in Iter mg with fa rial-transit			Conditions, if any, which by gove rise to immediate couse to, stoling the underlying DUE TO
in pen fice alon as a buri		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
anding r's Offi used o	F 194	FICATK	PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part II of item 18]
word "pe I Examine should be		I CERT	CAUSE OF DEATH. Swung her against newel post?-chest. Tossed her into corner
ng the wo dedical E age 3 sha		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work at work 19 20d. INJURY (Home, form, foctory, street, office bldg., etc.) Home
writing writing hief Me			21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
Scote.			ACTUAL LOS MELLY M.D. CHIEF MEDICAL EXAMINER (
orwarded FUNERAL	emovol.		EXAMINER'S LOW'S SINCITY DEPUTY MEDICAL EXAMINER 6-20-56
ot 50 50 50 50 50 50 50 50 50 50 50 50 50	20		BURIAL CREMATION. 226. DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY SURVEY SU
/S. A15ME(5 5M 9/ 55	si May	23.	FUNERAL DIRECTOR'S SIGNATURE LANCE B DONALLE PLANTE DATE 42/56 DATE 42/56 DATE 42/56 N. H. NOETER

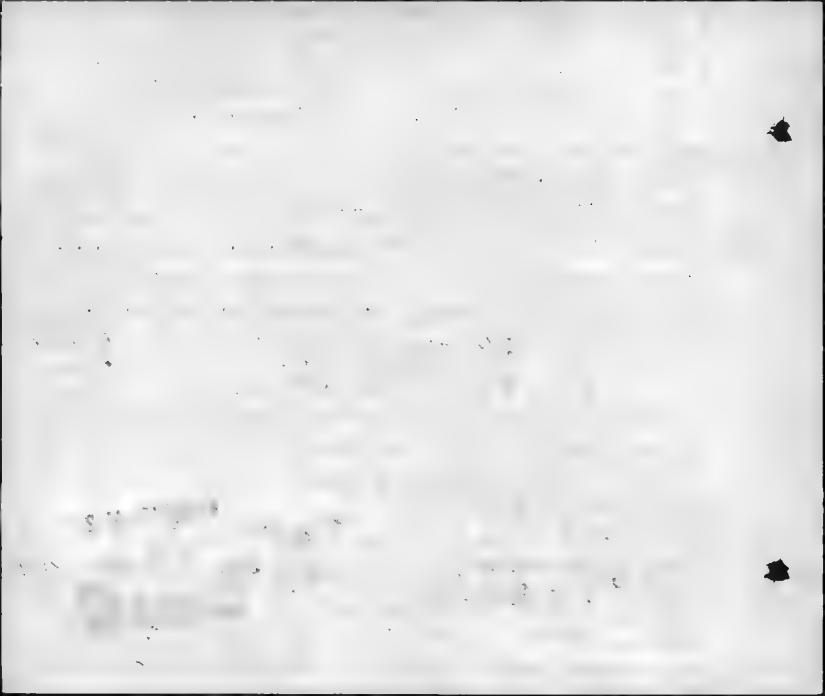


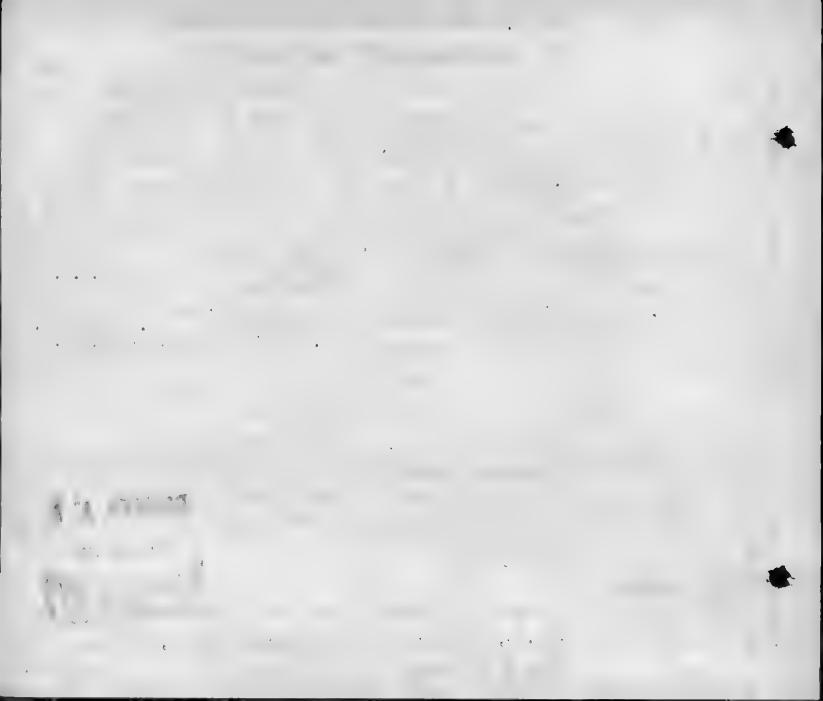
BUREAU V. 2)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FIC.	ATE OF DEATH	f			Reg. Di	`	29		
LAND	2 USUAL RESIDENCE (WAS STATE Maryla			institution	ı Resider	ice befo		sion)	
IN 1b	c. CITY OR TOWN (If o	vtside corpo	prote limits,	write RU	RAL ond	give ne	arest tow	n)	
	Tilg	hman	, Md.						
	d. STREET ADDRESS							SIDENC A FARA NO	VS
	Losi	4. DATE OF DEATH	1	Month		De)Y 2	Year	56
DI	8. DATE OF BIRTH		9 AGE (h	years !	FUNDER	1 YEAR	IF UND		HRS
	1-7-1872		B4 lost bir	yrs.	Months	Days	Hours	Mi	in.
RINDU	STRY 13. BIRTHPLACE (State	or foreign c	ountry)		12. CII	TIZEN C	F WHA	COU	NTRY?
oye	8 Fairbank		•			U	S.	<u> </u>	
117 0	Frances C	arol	ine I	Addre		1			
						20			
Mr	s. Evelyn L	eanu	п, т	llgh	man,				
2	acclus.	9				ON S	ERVAL BI	DEA	H
29	leising					Pi	5 M	1	- /
tich:	ed o Aller	chi	-			1	60	75-	_
TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITI	ON GIVE	N IN PAR	T 1(a) 1	P. WAS PERFO YES	AUTO	341
CCURRE	D. (Enter nature of injury in F	ort tar Pa	rt II of item	1B.)					
	ACE OF INJURY (Home, form, ctory, street, office bidg, etc.		y or town)		((County)		(St	(ote)
	19/4, to //	dela P.	12-	19.5/	that I	last so	aw the	dece	ensed
death	occurred at	M, from	m the ca	uses an	d on t				
	M.D.	ADDRESS (S	ilreet, city o	r lown, st	man (l;	Reg D	ATE SI	GNED
				7-3-			2		, , ,
TERY O	O COEMATORY	224 LOCA	TION ICA	town or	enumbed.		15	101	

VS A15 (4) 1SM 9/IIS





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06560

ma

6587 CERTIFICATE OF DEATH

Reg. Dist. No.25/

	1. PLACE OF DEATH		2. USUAL RESIDENC	E (HOME) OF DECEAS	ED
	COUNTY JAILOT	MARYLAND	STATE Med	COUNTY JA	LAST
	CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te limits, write RURAL and give r	rement fown
	OR end give nearest town)	(in this piece)	OR 4 -	7	, action form,
`	I TOWN /YEAVIII	LITE	TOWN VEAV	III	2.
	HOSPITAL OR		STREET	(If rural give locatio	n)
	INSTITUTION OR STREET ADDRESS		ADDRESS		
	3. NAME OF (First) (M)	ddie)	(Last)	4. DATE (Month)	(Dey) (Year)
	(Type or Print) PAUL	HA	CHAMAX	DEATH, SING	25 16
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED,		F BIRTH 9	00/14	DER 1 YEAR LIF UNDER 24 HRS.
	MALE RACE WIDOWED, DIVOR	ICED,	(1) 100	Months	
	MAK	AIECH WAN	7-1436	⇒ Y13	
		OF BUSINESS IDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
3	retired) Sight naw	DUSIKI A	NEAVIIT	And	COUNTRY?
	13. FATHER'S NAME	bustuc, 1	14. MOTHER'S MAIDEN NA	7819	LLIO.TE
	7. Com - 11. 11		14. MOTHER'S MARDEN NA		
	1 WAGNES HADA	KANAX	CORNEIL	4 WONES	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO.	J7. INFORMANT & AD	DRESS	1 1 1
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	3-22-966	0 /11/2 Na. 1	o dada	My Knawk WI
	100		- That pur	~ vaduan	rak wany ily
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	10/5	PALALACIA	M Va. 1	T: ,	
	IMMEDIATE CAUSE (A)	page que	- XMAIINE	us	2 11/19
	ANTECEDENT CAUSE(S) DUE TO	(4. Ta	7 1/ 2	8 N.	.2
	DISEASES OR CONDITIONS, IF ANY, (B)	Par Call	My Many	Herearo	- > Chara
	GIVING RISE TO THE ABOVE CAUSE DUE TO		11	12	
	(C)				
	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING DEATH.				
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
					YES NO TIME
	210. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home,	ferm, factory, 2	TE. WHERE DID INJURY OCCUR?	(City or town) (Ci	ounty) (Stete)
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	te bldg., etc.)		(all) or towns	Anna (Siera)
		JURY OCCURRED	21f. HOW DID INJURY OCCUR?		
	While	Not while	211. NOW DID HOOK! OCCOR!		
	M. l et werk				
	22. I hereby certify that I attended the decease	od from 25 Jun 1	1956 1075	10h= 19 9h 1has	I last saw the deceased
F	alive on 2 and the	at double account of	6. 00 AM, from the ca	the state of the s	i iasi saw ille deceased
e	SIGNATURE A A A A	iai desin occurred at:			
5	K Tan (D) alth UD		5-+ //:	ESS (Street, city, town, stele)	DATE BIGNED
n	M. Hau (Erven 111.	M.D.	J1. 1916	harla Mary	6.401 6-75.56
۱.	23. BURIAL, CREMATION, DATE THEREO	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or sour	nty) (Staje)
2	19win 6/17.87	//FAVIT	EMELERY	NEAVITH 1	PKT / NOTY
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	JEMMIN C	101019	GNATURE .	TITT TITT
	1 12 h. D 21	p 9 .1	TOMERAL DIRECTOR'S SI	A 1	ADDRESS
	DATE SCIENCE 27, 36 Miss Molet	F. BULL	17 Tranfelor	warrage s	, It mi chall
					

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BULLIN V. C.

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VS A15C 1-55 10M

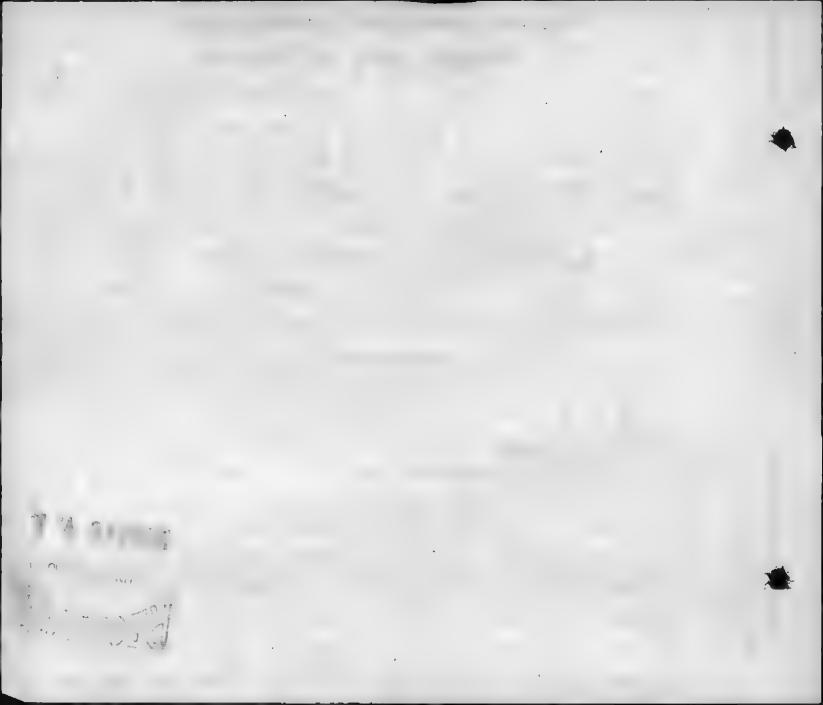
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6574 CERTIFICATE OF DEATH

66562

		90,
Reg.	Dist.	No. 290

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Lall at MARYLAND	STATE Marchand COUNTY Factor
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside apporate limits, write RURAL and give nearest town)
OR end give nearget down (in this place) TOWN CANAM SUM	TOWN CA. Town
	E WALLY !
HOSPITAL OR INSTITUTION OR	STREET ADDRESS (If rural give location)
STREET ADDRESS	109 Steenwood Une
3. NAME OF (Middle)	(Lest) 4. DATE (Mogth) (Day) (Year)
(Type or Print)	OF
VRINCA MIL	arraid DEATH June 18 1956
5. SEX 6. COLOR OR 7. SINGLE, MARKIED, 8. DATE OF	
The Control (Specify)	9 1875 80 yrs. Membrs Perp Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS	IL BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT
done during plost of working life, even if OR INDUSTRY	COUNTRY?
Journal Con 11 11 1 mile	haryland U.V.
13. FATHER'S DAME.	14. MOTHER'S MAIDEN NAME
Vitu I Habbard	Martha & Mavuegia
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDITESS
(Yee, no or unk.) (If Yes, give war or datas of service)	Min With Un Heldrand
18. MEDICAL CER	TIPICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Coronary the	ou me
Lipinos.	
ANTECEDENT CAUSE(S) DUE TO	o relievous (3/
DISEASES OR CONDITIONS, IF ANY, (B) CHAPLE DELY CHAPLE	
STATING UNDERLYING CAUSE LAST, DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISFASE OR CONDITION CAUSING DEATH	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF FFTHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	RIL HOW DID INJURY OCCUR?
M. at work at work	
22 I havely consider that I attended the deceased from I Man	able Warm sto
Tay I meren a certify man I quended me deceased how	1956 to 18 place 1956, that I last saw the deceased
alive on 10 plus , 1936 , and that death occurred at.	2/13 P.M. from the causes and on the date stated above.
SIGNATURE	ADDRESS (Straet, city, town, steta) DATE SIGNED
- Miller Key Stalling in M.D.	Carper Mary land 19 feer on ?
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOGATION (City, town, or county) Stote)
REMOVAL (SPECIFY)	W/ n /F
June 71,50 sepring	Hell bourn me
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 6/21/56/ / At / leshold	Willes fell Contine
	- June June 1



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	6575 CERTIFICATE OF DEATH Reg. Dist. No. 290
director,	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived It institution: Residence before admission) b. COUNTY D. Charles
d be will	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) 25 424 5 Acc 2 Cor Sc 25
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEGAETIAL HOSPITAL d. STREET ADDRESS ON A FARM? YES \(\sigma \) NO \(\sigma \)
illed in	3 NAME OF DECEASED (Type or print) NARVIN LEE JEIKING DEATH 6 12 1952
rs. Pages	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M
ion and camplete carban papers. I after death.	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? C. 54-
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME HELCON SONES
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (It yes, give wor or dates of service) (It yes, give wor or dates of service) (It yes, give wor or dates of service)
attending on please of the within 72	18. CAUSE OF DEATH [Enter only one cause per find for (o), (b), and (c), by PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Lunarhayer pure provides (NSET AND DEATH
igned by the permit. The	Conditions, if any, which gave rise to immediate cosse (o), stoting the under-
shysician as been s al-transit aval, and	Solution State S
ficate he buri	20d ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER)
al ar att	20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19 White Not white at work of the order of the o
thy the haspit 10R: After be detached far for to burial, or	21. I certify that I grighted the deceased from 19, to 19, that I last saw the deceased alive only 19, and that death occurred at 9 2 M, from the causes and on the date stated above. ACTUAL SIGNATURE OF THE SIGNED STATES ISSUED STATES IN THE SIGNATURE SIG
RAL D shalld istrar pr	PHYSICIAN'S E.C.H. Schmidt Ezston, Maryland
moy be a page 3 the regi	220 SUPERAL CREMATION, 226, DATE THEREOF 220 RANE OF GENETERY OR CREMATORY 221 LOCATION (TY) Town, or country (Stole) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE
VIII A15 (4) 13 1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS LAGUE 240. REC'D BY REGISTRAR'S SIGNATURE DATE Of 456 May Date of 456 May Delle



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		6576 CERTIFICATE OF DEATH Reg. Dist. No. 290
Page 4 director, led with	1	PLACE OF DEATH O. COUNTY A MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) D. STATE D. A. C. COUNTY D.
death;		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) LASTCO 14hrs 20mm HURLOCK
S. S		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION LASTED MEDICE ON A FARM? YES NO 1
24 hou		NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF Death Doy Year OF DEATH Doy Year DOY YEAR DEATH DOY YEAR DOY YEAR DEATH DOY YEAR DOY YEAR DEATH DOY YEAR DEATH
within etely fi	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost berthday) Months Days Hours Min.
comple comple papers (ath.	100	USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired
ion and corban offers	13.	FATHER'S NAME T T TO COLLECTED MARCH NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
physicia physicia phory paury	15. (Ye	WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Add
nding ease re hin 72		18 CAUSE OF DEATH (Enter only one couse per line for (o) (N), and (c))
the de the ple out with		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO ONSET AND DEATH ONSET AND DEATH
es that ad by t any ev		Conditions, if any, which and the conditions of
requir	_	coese (a), stating the under-
physic physic has been rial-train navol.	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES X NO
tending fricate I the bo	L CERTIFI	205. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC fol or of this cert in use as remation	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 White Not white of work of
NDING e hospin : After ched fo		21. I certify that I attended the deceased from 6/19, 1956, to 6/19, 1956, that I last saw the deceased alive on 6/19/10 19 , and that death occurred at 1/20 M, from the causes and on the date stated above.
ATTE OR OR OF THE OR		ACTUAL SIGNATURE M.D. 219 S. W. G. T. 1179 7077 ST 22 June 3
RAL Di should stror pr		PHYSICIAN'S E.C. H Schmidt Ezzton, Maryland
O HOSPITA may be re O FUNERA page 3 shu the registri		PENOVAL (Specify) 6/23/56 Cast New Market Cast New Weeks The Cast New Market Cast New Weeks The
VS A1S (4) 15M 9/SS	23.	FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR SIGNATURE 12 Transfor Son Federal Gray and DATE 123/56 P. H. Merrie

		MARYLA	IND STATE DEPART	MENT OF HEALT	H-BALTIMORE,	18 BEKEE
		6577	CERTIFIC	CATE OF DEAT	'H	10565 Reg. Dist. No. 290
14.14		COUNTY TO DOT	MARYLAN	II o STATE . A	Where deceased lived. If instituting land b COUNT	vian-Residence before admission) Y Talbot
/ IL		RURAL and give nearest town)	write c. LENGTH OF STAY IN 1	c. CITY OR TOWN IN	f dutside corporate limits, write	RURAL and give nearest town)
		B. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION MEMORY)	street oddress	d. STREET ADDRESS	D#1	e. IS RESIDENCE ON A FARM? YES NO
	1	NAME OF First DECEASED Type or print) Margar	et / Middle	Lankfor	4. DATE OF DEATH FUN	onth Day Year L 16 1956
	5. 9	La 11/1	MARRIED NEVER MARRIED	Sept. 6,	1878 P. ASE (In yearn lost brithday)	Months Days Hours Min
	10a	USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11. PIRTHPLACE (S10)	le ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
1)	13.	FATHER'S NAME. Southern	Green well	14. MOTHER'S MAIDEN	in Wheat	- /e4
)		WAS DECEASED EVER IN U. S ARMED FORCES. no or unknown) (If yes, give wor or dotes of service)		Hr. Statter C. La	ruplord R.F.I	D#1, Easton, Hed.
		18. CAUSE OF DEATH [Enler only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), oad, (c).]	her		INTERVAL BETWEEN ONSET AND DEATH
		DUE TO Conditions, if any, which) (b)	4	e.U. N		5.41
		gove rise to immediate cotse (a), stating the under-lying couse last.				
6	CATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION G	IVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES, NO
	CERTIFIC	20g. ACCIDENT WAS UNDERLYING (1) CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury i	n Port 1 or Part II of item 16.)	
	MEDICAL	Hour a.m.	20d. INJURY OCCURRED 20e. While Not while of work	PLACE OF INJURY (Home, for factory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
		21. I certify that I attended the d	eceosed from	1940, to	0, 1	that I last sow the deceased and on the date stated above
`		ACTUAL 3	0	us For	ADDRESS (Street, city or town	
		PHYSICIAN'S NAME (Type)				
	230	BUHIAL , CREMATION, 270. DATE THEREOF	Z 22c. NAME OF CEMETER	Y OR CREMATORY	22d tO CATION ICity, 10mm,	or county) (Store)
	23.	FUNERAL DIRECTOR'S AIGHATURE	Carton	24g, RE	C'D BY REGISTRAR 246. REC	SISTRAT'S SIGNATURE
					111100	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
			6578 CERTIFICATE OF DEATH Reg. Dist. No. 290
director,	- o s \	1.	PLACE OF DEATH a. COUNTY ALBOI MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY ALBOI MARYLAND
death funeral	101		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) LASTON 48/185. 57. MICHAELS
by Table 1			d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTED MEMORIAL LINED. 134 DURSON AUC. 6. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
24 hou led in s 1 and		3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) A DATE Month Day Year OF DEATH (A 12 1956)
within etely fil		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
cample papers	, 100 mg	10	D. USLAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign caunity) 12 CITIZEN OF WHAT COUNTRY?
e be ex an and carban ofter de	1	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
certificating physicial remave 172 haurs	C		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Services (If yes, give wor or dotes of services) [If yes, give wor or dotes of services]
attending of within			18. CAUSE OF DEATH [Enter only one cause per lime for (a); (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The part is the part of
is that it d by the mit. The any even			Conditions, if ony, which gove rise to immediate (b) adheric band
require an. n signe sit per			lying couse lost. DUE TO Old afferdical about.
physical physical passical passical passical passical	1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES ON O
IAN: TI ending ficate h the bur ar ren		CERTIFI	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al ar att his certi use as emation,		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while at work of wor
haspin After 1 Ched facturied			21. I certify that last saw the deceased from 19, to 19, that I last saw the deceased alive on 19, that I last saw the deceased alive on 19, that I last saw the deceased alive on 19, that I last saw the deceased alive on 19, that I last saw the deceased saw the deceased alive on 19, that I last saw the deceased alive on 19, that I last saw the deceased saw the deceased alive on 19, that I last saw the 19,
ATTER ATTER OR Se deta ior to bu	đ		ACTUAL SIGNATURE M.D. 2/95. Wash (179, 707, 9) DATE, SIGNED M.D. 2/95. Wash (179, 707, 9) 13-101-5
retain RAL DI should			PHYSICIAN'S E.C. H. Schmidt Ezston, Marylande
O HOSP may be O FUNE page 3	•	2	6. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER OR CREMATORY 22d. LOCATION (City, tayer, or county) Service (165)
VS A15 (4) 15M 9/SS	404	23	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE ADDRESS DATE / DATE 6/6/56 PET MUCLES
		17	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUNE S TOTAL

CERTIFICATE OF DEATH 6520Reg. Dist. No. if d'rectar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Fil death. pro b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CITY OR TOWN (If outside corporate limits, write RURA), and give negrest town) RURAL and give nearest town) phoods d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? C1 à YES TO NO TO puo .5 NAME OF First Middle DATE Last Manth Year Day DECEASED (Type or print) DEATH MAR 193 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lasy birthday) Months Davs Hours Min. DIVORCED | WIDOWED D popers. YFs. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRI 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician mave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (c), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permil. Canditions, if any, which gave rise to immediate **DUE TO** cattle (a), stating the underand lying cause lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PEREORMED? NO F 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) (State) foctory, street, office bldg., etc.) Hour O. m. While Not while at wark at wark p. m. Italiended the deceased from. 21. I certify that ______ 19____that I last saw the deceased and that death accurred at 225%. M, from the causes and on the date stated above. alive an 8 **ACTUAL** SIGNATURE ğ ò PHYSICIAN'S NAME (Type) FUNER 3 22a BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CHATORY (City, town, page TEMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNAZURE ADDRESS 240, REG'D BY REGISTRAR 24b. REGISTRAR'A VS ATS (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

95.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06569

CERTIFICATE OF DEATH

6588

Reg. Dist. No.29)

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED							
	COUNTY Talbot	STATE Maryland COUNTY Talbot							
	CITY (If outside corporate limits, write RURAL	CITY (If outside corpor	CITY (If outside corporete limits, write RURAL and give nearest town)						
Χ	OR end give neeres! lown) TOWN St. Wichaels	or town St. Mi	chaels, Mary	land					
	HOSPITAL OR	STREET	(If rural give l						
Ť.	INSTITUTION OR STREET ADDRESS	ADDRESS							
	3. NAME OF (First) (Mi	ind die)	(Last)	4. DATE (Month)	(Day)	(Year)			
	(Type or Print) John F	. Mans	field	DEATH 6	A.	1956			
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED RACE WIDOWED, DIVO		OF BIRTH 9		FUNDER 1 YEAR	IF UNDER 24 HRS.			
	Male White (Specify) Wildow	wed 9/26	/1876	79 yrs. "	Aonths Days	Hours Min.			
		OF BUSINESS NDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZE	OF WHAT			
1		heries Insp.	St. Michaels, Maryland U.X. A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	ME				
	John Mansfield		Laura Ne	mam					
		SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS					
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	one	Josephine	Harrison-St.	M'chael	s,Md.			
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH								
	222 Carolina VIII and Maria								
	ANTECEDENT CALISE (A) DUE TO								
	DISEASES OR CONDITIONS, IF ANY, (B) Combinatarlericaliterial Combinations								
	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO								
	(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		<u> </u>						
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR COND TION CAUSING DEATH, CONCERNS AND ALTICIPATED TO THE								
4	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 2								
v					YES				
	216. ACCIDENT WAS UNDERLYING 216 PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg., etc.) (FETHER, NOTIFY MEDICAL EXAMINER)								
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? White Hours of work of the wo								
	22. I hereby certify that I attended the deceased from [-30, 1953, to 65, 1956, that I last saw the deceased								
1	alive on								
10M	BIGNATURE		ADDR	ESS (Street, city, town,	stata) , E	ATE SIGNED			
1.55 1	/ full to the	7 M.D.A.	T. Muchael	Wmg	6-6	2-562			
U	23. BURIAN CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, flown, o	or county)	(Stata)			
A15C	Burial 6/8/56	Olivet Cenet		St. Michael	s, Talbot	. Md.			
VS	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	o last	2S. FUNERAL DIRECTOR'S S	SIGNATURE	ADDRESS				
	DATE JULY 7, SI MUO UJOUS	Marshalls	it.Michae	Ls,Md.					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	-	T÷	em 20 Film G200 Film Film G200 Film G200 Film G200 Film G200 Film G200 Film G200 Film	00 119 1
68 0 X		T U	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	110011 ist, No. 29
P P	-			
should b		1. 3	PLACE OF DEATH G. COUNTY TAIR BOT 2. USUAL RESIDENCE (Where deceased lived. If Institution; Reside. COUNTY TAIR O. STATE MARVIAN Db. COUNTY T	O I B A'T
20 B		-	b. CITY OR TOWN (If outside corporate fimile, write RURAL or LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL on	l cium negrett town)
Pog W	1		and give neorest lowel	Sine recent round
3	ì	-	ST TI ICHAELS O 4RS STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS	e. IS RESIDENCE
dire.				ON A FARM? YES NO.
dele eral bur f istroi		- 1	NAME OF DECEASED (1/NTART) DEATH TO NET Month	Day Year
reg reg		5. 5	AAAA AAAAA OORE A	1956 1964) IF UNDER 24 HRS.
h.' If to the th the		-	MALE 1/4/TE WIDOWED DIVORCED MARRIED MARKED S. DATE OF BIRTH 1/4/TE WIDOWED DIVORCED MARKED MARKED S. DATE OF BIRTH 1/4/TE WIDOWED DIVORCED MARKED	Days Hours Min.
deal 3 wi		100	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country).	ZEN OF WHAT COUNTRY?
and one	_ /	R	ETIRED DENTISTI BRIDGEPORT. (ONN.)	USA
10, 2,		13.	FATHER'S NAME 14, MOTHER'S MAIDEN NAME	
S S S S S S S S S S S S S S S S S S S		+	HARRY (AMPBELL OUINTARD) ADA AVERILL	
Pog #		15. IYas	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	01 .
CI S TE		1 - 40	MRS. SARAH A. QUINTARD,	T. I'TICHAEL
A S C C C C C C C C C C C C C C C C C C			18. CAUSE OF DEATH [Enter only one cause per ligit for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Der Per			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACCIGENTE Drowning	
The rest			7 d 1 K DUE TO	
- tra	7		Conditions, if any, which) (b)	
ncil riol			gave rise to immediate couse (o), stating the underlying DUE TO	
olo o	- 1		couse lott. (c)	
S of Fice		Z	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART	T 1(b) 19 WAS AUTOPSY PERFORMED?
dia dia	- 71	CATION		YES NO
pen pen miner's		CERTIFIE	200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 200 EXTERNAL CAUSE WAS PRIMARY OF D	uned
Exa, Condon		AL.	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c, PLACE OF INJURY (Home, farm) 20f (City or love)	unity) (State)
The water of the water of the state of the s		MEDICAL	Hour a. m. p. m. 19 While Not while Dock He was Not work at work Dock He was Not work at work Dock He was Not work at work of work Dock He was Not work at work of work at work of work at work Dock He was not work at work at work of work at white work at	stel. md
Me Me Pag			21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection 🗌, Inqui	y , and find that
Varie Nief			death resulted ffpm: Natural couses, Accident	
ate,			ACTUAL LANGE MANUEL CHIEF MEDICAL EXAMINER TO	
£ 100 -			ASSISTANT MEDICAL EXAMINER	4
JTY ded ded ovo			EXAMINER'S L OLLAS IN EL TI	6-72-56
DEPUT ute the orwarde FUNERA		220	DEPUTY MEDICAL EXAMINER BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY Cem. 22d. LOCATION (City, town, or county)	Gradstotek ch.
ဥ ° င္ ဝ °		F	BURIAL JUNE 28, 1936 OLD GREENWICH STANFORD C	ONN
VS. A15ME(5)		23.	FUNERAL DIRECTOR'S SIGNATURE , ADDRESS , 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	SNATURE O (1
5M 9/55		A	1. Hankelow Harrison, It. michalf oute fine 16, & Mrs Kor	MI Self
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FUNERAL DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6581	CERT	IFICA	TE	OF	DEATH
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Reg. Dist. No.... I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Talbot state Maryland COUNTY COUNTY Talhot MARYLAND (If outside corporete limits, write RURAL LENGTH OF STAY (if oulside corporate limits, write RURAL and give neerest town) and give necrest town 45 Vrs Easton TOWN TOWN Easton. Vrs. HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS Street Biery Biery Street 3. NAME OF (Middle) DATE (Month) (Day) SHEEKARIN OF (Type or Print) DEATH Christina Roberts June 19 56 COLOR OR SINGLE, MARRIED 8. DATE OF BIRTH AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, RACE Months (Specify) Widowed Female Oct. 22, 1866 10a, USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS 1). BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? Housewife Housework USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernard Seidler Mary Warren 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS If Yes, give wer or deles of service) Miss Ethel C. Roberts, Easton, None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (State) (County) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work alive on ... 6 SIGNATURE BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, lown, or county) REMOVAL (SPECIFY) Jun. 21 Burial Ridge Cemetery Baltimore REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18573	
* .=		6582 CERTIFICATE OF DEATH	1
Page director		PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Regidence of COUNTY) MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Regidence of COUNTY) MARYLAND	e before pdrhission)
erol be fi		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give asserts town)	ive nearest town)
P P P P P P P P P P P P P P P P P P P	_	d. NAME OF HOSPITAL (If not in hospital, gave street address)	e. IS RESIDENCE
d 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		OR INSTITUTION Province / /cspital	ON A FARM? YES NO
24 ho		NAME OF DECEASED (Type or print) Replace Month OF DEATH WING 12	23 1957
within etely fi . Page	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAYE OF BIRTH 9 ACE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
executed and cample of cam	100	411/2000	ZEN OF WHAT COUNTRY
physician ar mave colbo hour affer	15	FATHER'S NAME PACE A SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	۵
requires that the death ce signed by the attending lit permit. Then please re nd in any event within 72		18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate cotse (a), stating the under lying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH
physicial as per cial-tran coval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO
AN: The ending ficate he bur ar rem	CERTIF	200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)	7
PHYSIC all ar att his certit use as emation.	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not white of work at work.	ounly) (Slate)
ALON ATTENDING Burner of the hospital L Diversion: After the and be detached for the prior to burial, cr		alive on 19, and that death occurred at 32 17 M, from the causes and on the ACTUAL SIGNATURE M.D. 2195 W > 5/71/79/017 STORESTORESTORESTORESTORESTORESTORESTORE	ast saw the deceased e date stated above DATE SIGNED LANGUE & STATE STATE & ST
OSPITA NERA INERA Shr	220	NAME (Type) Sur AL, CREMATON, 220 DATE THEREOF 22c/NAME OF SIMETERY OR CREMATORY 22d. LOCATION (Gity, town, or county)	(State)
or of	23	FUNERAL DIRECTOR'S GNATURE ADDRESS 240, REC'D 8X REGISTRAR 24b, REGISTRAR'S SIGN	NATI19F
VS A15 (4) 15M 9/58 1 1		4/1000 + Son DATE 6/24/56 M.Jd,	revenue

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COUNTY TAL	or 100		MAR	YLAND	2. USUAL RESIDENCE 0. STATE MA	(Where deced	sed lived. If Institu b. COUNT		lence bef	ore odmi	ission)
and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	•	porote limits, write	RURAL on	d give n	earest to	wn)
NAME OF HOSPITA	AL OR INSTITUTION (I	f nat in hosp	tal, give street oddre	98)	d. STREET ADDRES	S				ON	A FARM?
ME OF CEASED pe or print)	Firs WILLIAM	ŧ .	Middle	SL	AUCHTER	4. DATE OF DEATH	Monti	3	Doy 16		956
male	6. COLOR OR RACE	7. MARRIED			May 5,192	3	9. AGE (In years tost builday) 30 yrs.	IF UNDER	Days	Hours Hours	ER 24 HRS. Min.
SUAL OCCUPATION NO MORE TO SUBJECT OF WORKING TO SUBJECT OF WORKING TO SUBJECT OF THE SUBJECT OF	N (Give kind of work d g life, even if refired)		ND OF BUSINESS OR	INDUSTR	New Je		country)	12. CH	US.		COUNTRY?
AS DECEASED EVE	Slaughter IR IN U. S. ARMED FOR (If you, give war or dates of a		OCIAL SECURITY NO		Mattie I	Lee Thos	Address	m 700	1/4		
CAUSE OF DEAT PART I. DEAT onditions, if or				ae bi	arned down	with h	Easto in in bed		INTER	VAL BETWE	EN
ove rise to immed b), sloting the v ouse lost.	nderlying DUE TO (c)_	NTIONS CON	ITAINI TIANG TO BEAT	TI DILY NO.					19		
O. EXTERNAL CAU	ER SIGNIFICANT CONE SE WAS TRIBUTING []		HOW INJURY OCCU		ot related to the te			EN IN ŜĄI		PERFO	AUTOPSY PRMED? NO

CERTIFICATION 20 P) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20d. INJURY OCCURRED (County) (Stole) Hour 묘 of work of work C p. m. NOM 0 Talbot Easton RD 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection ... Inquiry Accident T. death resulted fram? Natural causes Suicide . Hamicide . Undetermined cause

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED 6-18-54

EXAMINER'S NAME (Type) Louis S.Welty

DEPUTY MEDICAL EXAMINER

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 6-19-56 Ivytown Com ADDRESS

24a. REC'D BY REGISTRAR

(Slate)

23. FUNERAL DIRECTOR'S SIGNATURE

burial

Easton Md.

245. REGISTRAR'S SIGNATURE 21 56

22d LOCATION (City, town, or county)

DA MALIAN

6533 **CERTIFICATE OF DEATH** Reg. Dist, No. a I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY **b.** COUNTY MARYLAND ero b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 25/0N 957 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? HOJ YES NO R meria NAME OF First Middle 4. DATE Lost Year Day DECEASED (Type or print) DEATH 19 26 04 5 SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House Wit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours 15 WAS DECEASED EVER/ÎN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO catse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (A) WAS AUTOPSY PERFORMED? YES NO 17 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while at work at work 🔙 p. m. 19 Le that I last saw the deceased 21. I certify that I attended the deceased from alive on... and that death occurred ata__ M, from the causes and on the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, \$25. DATE THEREOF 22c. NAME OF CEMETERY OR FREMATORY 122d LOCATION (City fown, or equally) pode REMOVAL (Specify) 10 23 FUNERAL DIRECTOR'S SIGNATURE 245. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9, FilmG199 6-21-56 et

66576

CERTIFICATE OF DEATH 6584

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot		2. USUAL RESIDENCE (HOME) OF DECEASED Md. Talbot					
CITY (If outside corporete limits, write RURAL OR end give nearest town) TOWN Easton	LENGTH OF STAY (in this place) life time	CITY (H outside corr OR TOWN East	COUNTY porate limits, write RURAL e	end give necrost tow	n)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	The state of the s	STREET ADDRESS		ve location)	/		
3. NAME OF (First) DECEASED (Type or Print) Mary	(Middle)	Smith	4. DATE (Mo. OF DEATH J	une 10	(Yeer) 56		
5. SEX 6. COLOR OR 7. SINGLE, MARI WIDOWED, D (Specify) W.	WORCED.	9, 1874	9. AGE lest birthday 82 81 yrs.	Months Deys	Hours Min.		
	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (Stelle or for Connecticut		12. CITIZ	INTRY?		
David Speedie		14. MOTHER'S MAIDEN	name aret McCormi	ck			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (N Yes, give war or dates of service)	6. SOCIAL SECURITY NO.	Mrs. Ever		Easton,	Md.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. [C] II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	18. MEDICAL CE	Mayor	and the		TERVAL BETWEEN		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			YE	20. AUTOPSY?		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	ne, ferm, fectory, office bldg., etc.}	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	(Steta)		
Wh	. INJURY OCCURRED ils Not while vork et work	21f. HOW DID INJURY OCC	UR?				
22. I hereby certify that I attended the dece alive on 19 and 19	M.D. NAME OF CEMETERY OF Spring Hill	M, from the	causes and on the correct city, town LOCATION (City, town Easton, Ta	date stated about the state of	DATE SIGNED		
24. REC'D BY REGISTRAR RECHETRAR'S SIGNATOR	no	25. FUNERAL DIRECTOR'S	SIGNATURE Newmam & S.	ADDRES	on Md		

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APPLICATION TO DESCRIPTION

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Item 9, Film (199 6-28-56 et CERTIFICATE OF DEATH

		a	90
Reg.	Dist.	No. 2	\cdot / \circ

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED					
	COUNTY TALBOT MARYLAND	STATE Md COI	UNTY TALBOT				
	CITY (II outside corporate limits, write RURAL OR and give neerest town) TOWN LENGTH OF STAY (Ia this place) Length OF STAY (Ia this place)	CITY (If outside corporate limits, write RU OR TOWN () V. Lc I-	JRAL and give neerest town)				
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (III III	ural give location)				
١	3. NAME OF DECEASED CHARLES EDWARD ST	EWART DEATH	have a or				
	MIRRIED	18, 1889, 716 73	day IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.				
1	done during most of working life, even if retired) LATERINBN	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT				
	13. FATHER'S NAME CHARLES EDWARD STEWART		SPARKLIN				
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no. pr unk.) (If Yas, give war or dates of sarvice) [16. SOCIAL SECURITY NO. [17. 0 i - 0 i 0]	4 MRS FIAZES	Towall				
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION Jord	Md. INTERVAL BETWEEN ONSET AND DEATH				
	4/6 IMMEDIATE CAUSE (A) MYOCAKOHA	C MATTER 10N	1 HR				
	ANTECEDENT CAUSE(S) DUE TO CORONARY OCCLUSION DISEASES OR CONDITIONS, IF ANY, (8)						
	STATING UNDERLYING CAUSE LAST, DUE TO RHEUMATIC	HEART DISFI	ISE Years.				
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		,				
0	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO				
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Ierm, Isotory, OR CONTRIBUTING 2040SE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)				
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not white at work	àil. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from JUNE 1, 1953, to JUNE 6, 1956, that I last saw the deceased alive on JUNE 6, 1956, and that death occurred at 2.35 M, from the causes and on the date stated above.						
1	alive on JUNE 19.502 and that death occurred at signature	ADDRESS (Streat, ci					
1-55 10M	almald of Bully M.D.	caston my.	6-6-56.				
A15C 1-	23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Date THEREOF Office Office Care Care Date THEREOF Office Office Care Date THEREOF Office	neterical lefter	of Tallot M. (State)				
٧۶	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS!				
	DATE WE DE A SET THE SET OF THE S	101000000	The state of				

NSTRUCTIONS

ATTENDIACE PHYSICIAN OR HOSPITAL THe law requires that the death certificate be executed. The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. 34

OF SHOWIT AND STATE OF THE PARTY OF THE STATE CHARLES AND

CERTIFICATE OF DEATH

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